



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT  
STATE OF INDIANA DISTRIBUTIONS TO POLITICAL SUBDIVISIONS BY EFT**

State Form 49002 (7-98) / General Form No. 36

Approved by State Board of Accounts, 1998

The information contained on this form is CONFIDENTIAL according to IC 5-14-3-4(a)(5).

**INSTRUCTIONS:**

1. Prepare a separate form for each different state distribution your fiscal body elected to receive by electronic transfer of funds.
2. Political subdivision will complete first part and refer to a designated depository.
3. Designated depository will complete second part and return to the political subdivision.
4. Political subdivision will file completed form with Auditor of State, 240 State House, Indianapolis, IN 46204
5. Political subdivision and depository should retain a copy. Blank forms are available from Auditor of State, Telephone: (317) 232-3300.

Co #
Corp #
List all 2 digit distributions

**POLITICAL SUBDIVISION'S REQUEST AND AUTHORIZATION**

On \_\_\_\_\_, the fiscal body<sup>1</sup> of \_\_\_\_\_  
Date Political Subdivision

elected, pursuant to IC 4-8.1-2-7(c), to receive the State distribution for \_\_\_\_\_  
by means of an electronic transfer of funds.  
Name of Distribution

In compliance with the aforementioned election, this is to (1) request the Auditor of State to have the Treasurer of State initiate deposits, by electronic transfer of funds, to the demand or savings account in the designated depository named herein and (2) authorize the designated depository to deposit and credit to the account certified herein the amounts transferred electronically. The political subdivision may revoke or cancel this request and authorization by official, written notification to the Auditor of State, with a copy to the designated depository.

Name of depository

Type of account: <input type="checkbox"/> Demand (checking) <input type="checkbox"/> Savings	Depository account number
Date(month, day, year)	Signature of Fiscal Officer <sup>2</sup>
Date(month, day, year)	Signature of County Treasurer's Authorization (County Requirement Only) IC 36-2-10-23(a)

**DEPOSITORY APPROVAL**

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of depository

Address (number and street, city, state, ZIP code)

Date(month, day, year)	Authorized signature of depository
ABA Trans-Routing number	Title

<sup>1</sup> Fiscal Body (IC 36-1-2-6) means:

- (1) County council, for a county not having a consolidated city;
- (2) City-county council, for a consolidated city or county having a consolidated city;
- (3) Common council, for city other than a consolidated city;
- (4) Board of trustees, for a town;
- (5) Advisory board, for a township/ or
- (6) Governing body or budget-approval body, for any other political subdivision.

<sup>2</sup> Fiscal Officer (IC 36-1-2-7) means:

- (1) Auditor, for a county;
- (2) Controller, for a consolidated city or second class city;
- (3) Clerk-treasurer, for a third class city;
- (4) Clerk-treasurer, for a town; or
- (5) Trustee, for a township.

For purpose of this agreement, fiscal officer will be:

- (1) Treasurer (IC 20-5-3-1), for a school corporation; or
- (2) Treasurer (IC 20-14-2-5), for a public library.